

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KH	70511	9/13
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	JW	68796	10-23-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Best Available Copy

Claim	Date	Claim	Date	Claim	Date
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
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9		59		109	
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12		62		112	
13		63		113	
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37		87		137	
38		88		138	
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42		92		142	
43		93		143	
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46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	

If more than 150 claims or 10 actions  
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